

Train-to-Career Employment and Follow-Up Tracking

Name:	WF1 I.D.#:
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TRAINING CREDENTIALS/CERTIFICATIONS EARNED:

List Credentials/Certifications received and indicate date received for each. Copies of certificates, transcripts, grades, etc. must be kept in the participant file

Has the participant successfully completed the training? ☐ Yes ☐ No Date of Completion: _____

List each Credential/Certificate	School and Program	Date Received

If program participant was employed at enrollment, complete SECTION A. If not, skip to SECTION B

SECTION A: Employment at Enrollment: (included in Workforce One Enrollment Screen)

Employer Name:		Street Address:	
City:		State:	Zip Code:
Employment Start Date:	Employment End Date:	Current Wage per hour:	
Job Position Title:		Hours per Week:	

If underemployed at enrollment: has the participant increased total income 20% or more? ☐ Yes ☐ No

If yes: complete Section B and report to Minneapolis Employment & Training, complete UE screens in WF1, and begin follow-up tracking.

If no: Open a full-time Staff Assisted Job Search activity in WF1, and continue job search (leave job search activity open in Workforce One until placement meets Train-to-Career guidelines (see below).

SECTION B: Job placement following training completion Definition of Job Placement: Train-to-Career:

1) Participant entered program *unemployed*: participant is placed in employment after entering the training program. **The job placement must be equivalent to 30 hours per week, at a minimum of \$12.00 per hour or \$_____ wage X _____ # hours per week ≥ \$360/week or \$18,720/year.**

2) Participant entered program *underemployed*: participant completes Train-to-Career training and is **placed in a position with total compensation level at least 20% higher than employment at intake**. If participant remains in the same position, with increased responsibilities, increased compensation and increased hours, then the participant may be counted as a "placement". **The job placement must be equivalent to 30 hours per week, at a minimum of \$12.00 per hour or \$_____ wage X _____ # hours per week ≥ \$360/week or \$18,720/year.**

SECTION B (continued): Job placement following training completion (please check all that apply):

- ☐ New position ☐ Position upgrade ☐ New employer ☐ Working at two jobs
- ☐ Self-employed ☐ Other (list) _____

Employer Name:		Street Address:	
City:		State:	Zip Code:
Employment Start Date:	Employment End Date:	Current Wage	20% wage gain? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unemployed at Enrollment
Job Position Title:		Hours per Week:	Training related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you had contact with participant:	Mode of contact (select all that apply): <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email or Written <input type="checkbox"/> Other:		
Date reported to Minneapolis Employment & Training:	Counselor Signature		

SECTION C: FOLLOW-UP TRACKING

For each positive follow-up, make sure the ADD FOLLOW-UP information is entered in WF1. When entering Follow-Up information in WF1 make sure you include: contact method, contact date, labor force status, hourly wage, and hours-per-week.

1st QUARTER FOLLOW-UP

Is the participant working in the 1st quarter following EMPLOYMENT REPORTED IN SECTION C? ☐ Yes ☐ No

Please check all that apply:

- ☐ New position ☐ Position upgrade ☐ New employer ☐ Working at two jobs
- ☐ Self-employed ☐ Other (list) _____

Employer Name:		Street Address:	
City:		State:	Zip Code:
Employment Start Date:	Employment End Date:	Current Wage per hour:	
Job Position Title:		Hours per Week:	Training related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you had contact with participant:	Mode of contact (select all that apply): <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email or Written <input type="checkbox"/> Other:		
Date reported to Minneapolis Employment & Training:	Counselor Signature		

2nd QUARTER FOLLOW-UP

Is the participant working in the 2nd quarter following EMPLOYMENT REPORTED IN SECTION C? ☐ Yes ☐ No

Please check all that apply:

- ☐ New position ☐ Position upgrade ☐ New employer ☐ Working at two jobs
☐ Self-employed ☐ Other (list) _____

Employer Name:		Street Address:	
City:		State:	Zip Code:
Employment Start Date:	Employment End Date:	Current Wage per hour:	
Job Position Title:		Hours per Week:	Training related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you had contact with participant:	Mode of contact (select all that apply): <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email or Written <input type="checkbox"/> Other:		
Date reported to Minneapolis Employment & Training:	Counselor Signature		

3rd QUARTER FOLLOW-UP

Is the participant working in the 3rd quarter following EMPLOYMENT REPORTED IN SECTION C? ☐ Yes ☐ No

Please check all that apply:

- ☐ New position ☐ Position upgrade ☐ New employer ☐ Working at two jobs
☐ Self-employed ☐ Other (list) _____

Employer Name:		Street Address:	
City:		State:	Zip Code:
Employment Start Date:	Employment End Date:	Current Wage per hour:	
Job Position Title:		Hours per Week:	Training related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you had contact with participant:	Mode of contact (select all that apply): <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email or Written <input type="checkbox"/> Other:		
Date reported to Minneapolis Employment & Training:	Counselor Signature		

4th QUARTER FOLLOW-UP

Is the participant working in the 4th quarter following EMPLOYMENT REPORTED IN SECTION C? ☐ Yes ☐ No

Please check all that apply:

- ☐ New position ☐ Position upgrade ☐ New employer ☐ Working at two jobs
☐ Self-employed ☐ Other (list) _____

Employer Name:		Street Address:	
City:		State:	Zip Code:
Employment Start Date:	Employment End Date:	Current Wage per hour:	
Job Position Title:		Hours per Week:	Training related: <input type="checkbox"/> Yes <input type="checkbox"/> No
Date you had contact with participant:	Mode of contact (select all that apply): <input type="checkbox"/> In Person <input type="checkbox"/> Phone <input type="checkbox"/> Email or Written <input type="checkbox"/> Other:		
Date reported to Minneapolis Employment & Training:	Counselor Signature		

